

IOWA BOARD OF NURSING

In RE: Petition for)	Declaratory Ruling No. 102
Declaratory Ruling Filed By:)	
Tina M. Koenig, R.N.)	RN Delegation to a Home Health
February 26, 1999)	Aide, Wound Care Which Includes
)	Packing Acetic Soaked Gauze
)	Into a Stage IV Pressure Ulcer
)	on the Heel of a Diabetic
)	Client

A petition for declaratory ruling was filed with the Iowa Board of Nursing by Tina M. Koenig, R.N., B.S.N., Director of Home Care, Marshalltown Medical & Surgical Center on February 26, 1999.

The Board is authorized to issue declaratory rulings "as to the applicability of any statutory provision, rule, or other written statement of law or policy, decision, or order of the agency" pursuant to 1999 Iowa Code § 17A.9. See also 655 IAC 9.

The board's interpretation of the questions is as follows:

May the registered nurse delegate to a home health aide, wound care which includes packing acetic soaked gauze into a Stage IV pressure ulcer on the heel of a diabetic client?

What guidelines should be used in making delegation decisions related to wound care?

Facts leading to these questions are as follows:

Marshalltown Medical & Surgical Center Home Care Plus provided skilled nursing services to an insulin-dependent diabetic client with serious complications which included a wound on his left heel and gangrene of one of his fingers. The client

was ordered assessment and wound care to be provided twice daily by a registered nurse. The wound care included packing acetic soaked gauze into a Stage IV pressure ulcer on the heel. The wound was infected with large amounts of green/gray malodorous drainage. The acetic acid was used to treat pseudomonas. The complexity and the instability of the wound, as well as the client's severe circulatory compromise, uncontrolled diabetes, renal failure requiring dialysis, gangrenous extremities and previous lower leg amputation, contributed to the petitioner's decision that a registered nurse was required to provide care.

The home health care plan developed by the registered nurse and signed by the physician called for the care to be provided by the registered nurse. In examining the possibility of delegating the tasks to a home health aide, the petitioner referred to the following references:

- The National Council of State Boards of Nursing paper, Delegation: Concepts and Decision-Making Process (adopted by the Iowa Board of Nursing, March 1996)
- The National Council of State Boards of Nursing document, Delegation Decision-Making Grid (adopted by the Iowa Board of Nursing December 1998)
- A historical document, Recommendations for Home Health Aide Duties approved by the board of nursing and representatives from public health in 1987

- Marshalltown Medical & Surgical Center Home Care Plus agency policy stating that wound care may be delegated to a home health aide for simple dressing changes only.

Using these documents, the petitioner concluded that the client required the level of care ascribed to the registered nurse. In fact, the total score on the delegation grid was 19 out of a possible 23, a score which would caution against delegation.

Based on the above, the client was provided care by the registered nurse. The home health agency submitted a petition for a declaratory ruling to the board of nursing because, the payer, Consultec, has not paid for the skilled nursing services provided by the registered nurse on behalf of the agency. The petitioner also states that payment by Consultec is pending based on the decision by the Board of Nursing. The petitioners report that Consultec stated that they received information from the board of nursing indicating it would be appropriate to delegate the aforementioned task to a home health aide. Although the petitioners requested a copy of this document, Consultec did not provide it to the petitioner. Board staff are unfamiliar with the referenced document. Consultec's registered nurse informed board staff that Consultec does not have a list of duties which may be delegated nor do they have the document described earlier. Furthermore, Consultec's nurse stated that delegation decisions are made on a case-by-case basis using nursing judgment.

Additional facts are as follows:

The National Pressure Advisory Panel (NPUAP) classifies the degree of tissue damage in a lesion as follows:

- Stage I: Nonblanchable erythema of intact skin; the heralding lesion of skin ulceration. In individuals with darker skin, discoloration of the skin, warmth, edema, induration, or hardness may also be indicators.
- Stage II: Partial thickness skin loss involving epidermis, dermis, or both. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater.
- Stage III: Full thickness of skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.
- Stage IV: Full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone, or supporting structure (for example, tendon or joint capsule). Undermining and sinus tracts may also be associated with Stage IV pressure ulcers.¹

During the past year, the board issued two declaratory rulings related to the level of nursing care required for home care clients. In both cases, the third party payers believed

1. Clinical Practice Guidelines: Treatment of Pressure Ulcers, Rockville, MD, 1994, U.S. Department of Human Services.

that the care required by the client did not require the level of care ascribed to the registered nurse; the petitioners, who were the care providers, believed the client required care by a registered nurse.

In one case, the board refused to issue a declaratory ruling (declaratory ruling number 99) under the provisions found in Iowa Administrative Code IX.5(17A). In declaratory ruling number 100, the board opined that regardless of issues related to funding, if the registered nurse determines that the level of care needed requires the knowledge and skills ascribed to the registered nurse, then the skills may not be delegated.

Rationale:

The responsibility of the registered nurse in the provision and supervision of nursing care is found in 655 IAC chapter 6.

655 IAC 6.2(5) addresses the legal implications of accountability. IAC 655 6.2(5) states:

The registered nurse shall recognize and understand the legal implications of accountability. Accountability includes but need not be limited to:

b. Assigning and supervising persons performing those activities and functions which do not require the knowledge and skill level currently ascribed to the registered nurse.

IAC 655 6.2(5) "d" states: Supervising, among other things, includes any or all of the following:

(2) Assumption of overall responsibility for assessing, planning, implementing and evaluating nursing care.

(3) Delegation of nursing tasks while retaining accountability.

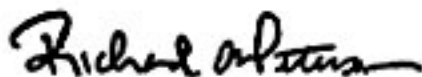
In summary, the registered nurse is individually accountable to the Board of Nursing for assuring that the client is provided safe, effective nursing care. This includes careful analysis of the client's needs and circumstances to determine the level of nursing care need by the client. The registered nurse who provides direct care to the client or who functions in the role of care manager is uniquely qualified to make the determination in regard to the level of nursing care needed and to determine the appropriateness of delegating nursing tasks to the home health aide.

In this case, the petitioner, who is a registered nurse, made the determination that the registered nurse level of care was required. The board, therefore, directs the petitioner, that regardless of issues related to finance, if the registered nurse, based on individual assessment of the client, determines that the level of care needed requires the knowledge and skill ascribed to the registered nurse, then the care may not be delegated to the home health aide. The board also affirms that packing a Stage IV, infected wound on the heel of a compromised insulin-dependent

diabetic client should not be delegated to a home health aide.

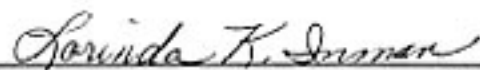
Regarding the second question presented, the board directs the petitioner to employ the National Council of State Boards of Nursing paper Delegation: Concepts and Decision-making Process and the National Council of state Boards of Nursing Delegation Decision-making Grid in making decisions about delegation. The board also cautions the petitioner that assessment, evaluation and nursing judgment may not be delegated.

Further, factors which would caution against delegation of wound care, include but need not be limited to, a wound which frequently changes status, requires packing and/or debridement, or that has copious exudate.



Richard Petersen, R.N., M.S.N.
Chairperson
Iowa Board of Nursing

June 3, 1999
Date



Lorinda K. Inman, R.N., M.S.N.
Executive Director
Iowa Board of Nursing

June 3, 1999
Date